

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000056224 (7)**

1. Corporation Name
INTERACTIVE GAMES, INC.

Principal Place of Business Mailing Address

2720 CORAL WAY 2720 CORAL WAY
5 FL 5 FL
MIAMI FL 33145 MIAMI FL 33145
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/03/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0435172** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

DIEZ, SANTIAGO
2191 CORAL WAY
3RD FLOOR
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name **David M. Stolar**

82 Street Address (P.O. Box Number is Not Acceptable) **1350 Kane Concourse**

83

84 City **Bay Harbor Islands FL** 85 Zip Code **33154**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **David M. Stolar** **DAVID M. STOLAR (ESQUIRE) 5/9/95**

Signature, typed or printed name of registered agent and the filer (applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE ***D***
NAME ***RAMOS, JORGE***
STREET ADDRESS ***2720 CORAL WAY 5 FL***
CITY - ST - ZIP ***MIAMI FL***

TITLE **D**
NAME **CONCEPCION, JORGE**
STREET ADDRESS **2720 CORAL WAY 5 FL**
CITY - ST - ZIP **MIAMI FL**

TITLE ***D***
NAME ***BARTON, MARITZA***
STREET ADDRESS ***1436 GUN S ST***
CITY - ST - ZIP ***MIAMI FL 33134***

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE Change Addition

1 2 NAME **Remove as officer & director**

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

2 1 TITLE Change Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

3 1 TITLE Change Addition

3 2 NAME **Remove as officer & director**

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

4 1 TITLE Change Addition

4 2 NAME **D**
Guillermo Bakula

4 3 STREET ADDRESS **2720 Coral Way, 5th FL**

4 4 CITY - ST - ZIP **Miami, FL 33145**

5 1 TITLE Change Addition

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

6 1 TITLE Change Addition

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: **Guillermo Bakula** **5-10-95** **(305) 442-9700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.

GUILLERMO BAKULA